

NOTICE OF INTENT TO AWARD

Solicitation Title/Event Name:	
Solicitation No/Event ID:	
Solicitation Posted Date:	
Solicitation Close/ Event End Date:	
Issuing Officer:	
Issuing Officer Contact Information:	
ADDA DENT GUGGEGGEVI AUGUNDADAG	AWARD AMOUNT
APPARENT SUCCESSFUL OFFEROR(S)	AWARD AMOUNT
UNSUCCESSFUL OFFEROR(S)	REASONS
UNSUCCESSFUL OFFEROR(S) Notes:	REASONS
	REASONS